SC Department of Disabilities and Special Needs
Medication Error/ Event Report

❑ ***Community*** ❑ ***Regional Center***

Provider Reporting Incident: _____ ***County:*** _____

❑ **District I:** ❑ Midlands ❑ Piedmont ❑ **District II:** ❑ Coastal ❑ Pee Dee

Residence of Consumer:	***Descriptive Location of Residence:***
❑ *CRCF* ❑ *CTH I* ❑ *CTH II* ❑ *ICF* ❑ *SLP I* ❑ *SLP II* ❑ *Unit @ Regional Center*	*(Example: Smith CTH I, Pee Dee Center)* _____
Location of Incident: ❑ *CRCF* ❑ *Day Program* ❑ *CTH* ❑ *ICF* ❑ *SLP* ❑ *Unit @ Regional Center*	***Descriptive Location of Incident:*** *(Indicate unit name in Regional Center, provider operated facility name, i.e., Sunrise CTH II, enclave, work activity center* _____

Consumer: *First* *Middle* *Last*

DOB:	***Age:***	***Sex:***	***Date of Med Error:***	***Time of Med Error:***	***Date Error Found:***
/ / *MM DD YY*		❑ *Male* ❑ *Female*	/ /	____:____ ❑ *AM* ❑ *PM*	/ /

Name & Dose of Medications Involved:

What type of Med Error/ Event occurred: (Mark all that Apply)

❑ Wrong person given the medication
❑ Wrong medication given
❑ Wrong dosage given
❑ Wrong route of administration
❑ Wrong time
❑ Medication not given by staff
❑ Medication given without an order
❑ Transcription error
❑ Medication not signed off on properly
❑ "Near Miss" for a Med error
❑ Person refused medication
❑ Unsafe circumstances
❑ Medication found

What was the result of the Med Error/ Event: ***(At the time the Report was completed)***	***Prescriber Notified:*** ***Yes*** ❑ ***No*** ❑
❑ No Error (Near Miss or Red Flag Event) ❑ Error, No Reaction ❑ Error, Reaction, No medical Rx required ❑ Error, Reaction, Medical Rx required ***** ❑ Error, Reaction, Death *****	When:_____ By Whom:_____ If no, explain:

Staff Suspected of Making the Error:

Events Leading to Med Error/ Event:

Name of Prescriber:	***Name of Pharmacy:***	***Signature of Person Making Out Report/ Date***

Signature of Supervising Nurse : ***Date***	***Signature of Program Administrator :*** ***Date***

*** *Requires the completion of Critical Incident Report per 100-09-DD.***